Department of Buildings and General Services *Agency of Administration*
Purchasing & Contract Administration
10 Baldwin St.

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SEALED BID
REQUEST FOR INFORMATION

Comprehensive Healthcare Services for Inmates in the State of Vermont

DATE: **November 18, 2013**

QUESTIONS DUE BY: **December 6, 2013 4:30 PM**

RFI RESPONSES DUE BY: **January 3, 2014 3:00 PM**

TIME DUE: **3:00 PM Eastern Time**

LOCATION FOR RFI RETURN: **10 Baldwin St, Montpelier, VT 05633**

PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES AND AMENDMENTS ASSOCIATED WITH THIS RFI WILL BE POSTED AT http://bgs.vermont.gov/purchasing/***. THE STATE WILL MAKE NO ATTEMPT TO CONTACT VENDORS WITH UPDATED INFORMATION. IT WILL BE THE RESPONSIBILITY OF EACH VENDOR TO PERIODICALLY CHECK THIS SITE FOR THE LATEST DETAILS.***

PURCHASING AGENT: John McIntyre
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E-MAIL: john.mcintyre@state.vt.us
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Contents

1 PURPOSE

This Request for Information (RFI) is issued for the Vermont Department of Corrections to gather input and obtain information in proceeding with proposals relative to providing comprehensive healthcare services to inmates in the State of Vermont.

The Vermont Department of Corrections intends to evaluate the submissions by respondents to explore how they would meet their needs in providing proposed solutions. The Vermont Department of Corrections shall not be held liable for any costs incurred by the vendors in the preparation of their submission, or for any work performed prior to contract issuance.

1.1 LIABILITY

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit the State to contract for any materials or service whatsoever. Further, the State is not at this time seeking proposals and will not accept unsolicited proposals. Respondees are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If an RFP is released, it will be posted on the BGS bid opportunities web site: http://www.bgs.state.vt.us/pca/bids/bids.php. It is the responsibility of the potential offerors to monitor this site for additional information.

1.2 CONFIDENTIALITY

The Vermont Department of Corrections retains the right to promote transparency and to place this RFI into the public domain, and to make a copy of the RFI available as a provision of the Vermont access to public records laws. Please do not include any information in your RFI response that is confidential or proprietary, as the Vermont Department of Corrections assumes no responsibility for excluding information in response to records requests. Any request for information made by a third party will be examined in light of the exemptions provided in the Vermont access to public records laws.

The solicitation of this RFI does not commit the Vermont Department of Corrections or the State of Vermont to award a contract. This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.

2 BACKGROUND INFORMATION

The Vermont Department of Corrections, a division of the Agency of Human Services, is responsible for providing comprehensive healthcare services to inmates at correctional facilities located throughout the state. These services include medical, mental health and dental for not only sentenced individuals, but also detained persons and individuals in various stages of pre-release. It also receives about 1300 persons annually lodged under the State's Incapacitated Persons Statute.

The Department of Corrections recognizes that the majority of inmates in its custody will at some point return to the community. It is essential that health services be available to those inmates whose health status may interfere with their ability to function appropriately and productively in the community. The Department is seeking partnerships with those committed to working with other Agency of Human Services departments and community-based health providers to ensure continuity of care during and after an individual's period of incarceration.

3 RFI DESCRIPTION

The State of Vermont's Department of Corrections is seeking information from qualified vendors for outsourcing medical and mental health services for its corrections population. Responses will help determine objectives for a subsequent issuance of a Request for Proposal. The RFI will also aid the Department of Corrections in familiarizing itself with potential providers for these services.

The RFI has three key objectives:

- Provide prospective respondents with information relative to providing comprehensive healthcare services to Vermont Inmates
- Solicit respondent information to assist the State in determining objectives for the issuance of an RFP
- Demonstrate a Proof of Capacity of the respondents to meet RFP objectives

The State is seeking feedback on the information in this RFI and will consider any information, including partial responses, received in response to this RFI. If the State moves forward in the development of an RFP, the RFP process will be open to all respondents regardless of their decision to participate in this RFI.

The State envisions that the solution will support the following high-level goals:

- Provide quality care that is timely, efficient, cost effective, patient centered and provided in a manner that is appropriate to a correctional setting
- Integrate the correctional health services model with community-based systems of care

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4 CURRENT STATE

Vermont Department of Corrections currently operates eight correctional facilities with a combined average daily population of approximately 1550. Six facilities are combined jails and prisons and two are work camps with a capacity of 100 inmates each. The facility located in South Burlington is designated for the female population and has a capacity of 203. In addition to the facilities operated in-state, Vermont houses an average daily out of state population of approximately 450 under a separate contract.

5 STATEMENT OF WORK

5.1 ANTICIPATED REQUIREMENTS

The purpose of this RFI is to determine if there are solutions capable of meeting the State's anticipated requirements and to determine alternatives for meeting those requirements that are consistent with the overall vision for the DOC and the State.

The State's discovery efforts to date have resulted in a desire to obtain access to solutions with the following attributes:

5.1.1Business Requirements

1. Strong financial resources with an ability to meet its long-term and short term financial obligations in order to deliver comprehensive healthcare services.
    a. Fiscal stability (solvency)
    b. Ability to provide liability protection by obtaining general liability, medical malpractice insurance and legal services.

2. Experience in administering capitated funding models for providing healthcare services
3. Experience with pay-for-performance funding models for healthcare services
4. Ability to provide robust financial reporting on all aspects of healthcare services including staffing reports:
    a. To achieve transparency – the ability of the DOC to track the activities of the provider
    b. To establish accountability – the ability of the DOC to validate the level of healthcare provided in DOC facilities
    c. To evaluate and monitor performance - the ability to track outcomes and assess goals
    d. To identify gaps or weaknesses in the scope of healthcare
    e. To define new goals and remediation that can be evaluated
    f. To refine processes that can be measured to achieve particular goals

5.1.2 Functional Requirements

1. Continuity of Care – offender's access to a provider for continued care in the geographic area in which an offender lives after leaving the DOC's custody
2. Care Planning - capacity to provide a delivery system to plan and manage care for individuals across community and correctional facility locations
3. Staffing – analysis of existing health service staff in the DOC's facilities and management of staff following employment
4. Satisfactory Governance – orderly diffusion of policies, procedures, and contract requirements throughout the facilities resulting in consistent implementation

5.1.3 Procedures for Prior Authorization, Quality Assurance, and Utilization Management

1. Prior Authorization (PA) – to assume the proposed health service is medically needed, that all appropriate, less expensive alternatives have been considered, and that the proposed service conforms to generally accepted practice parameters recognized by healthcare providers in the same or similar general specialty that typically treat or manage the diagnosis or condition
2. Quality Assurance (QA) – procedures and activities designed to safeguard or improve the quality of medical care by assessing the quality of care or service, usually against a set of established standards, and taking action to improve it
3. Utilization Management (UM) – to ensure that services are appropriate for an individual patient and are meeting quality and cost expectations

5.1.4 Technical Requirements

1. Capacity for Data Sharing Health Information Technology (HIT) including EHR

5.1.5 Documentation Requirements

1. Data Collection and Metrics – quantifiable process and outcome measures that can be collected and monitored for the following purposes under the DOC health services contract:
    a. To achieve transparency – the ability of the DOC to track the activities of the provider
    b. To establish accountability – the ability of the DOC to validate the level of healthcare provided in DOC facilities
    c. To evaluate and monitor performance - the ability to track outcomes and assess goals
    d. To identify gaps or weaknesses in the scope of healthcare
    e. To define new goals and remediation that can be evaluated
    f. To refine processes that can be measured to achieve particular goals

6 REQUESTED INFORMATION

Each submission prepared in response to this RFI must include the elements listed below, in the order indicated. The vendor, when presenting the response, must use the following outline:

- Cover Page
- Vendor Questionnaire
- Additional Information - labeled as Attachment A, B, C and so on

6.1 COVER PAGE

The first page of the vendor's RFI Response must be a cover page displaying at least the following:

- Response of RFI Title
- Vendor's Name
- Contact Person
- Telephone Number
- Address
- Fax Number
- Email Address

All subsequent pages of the RFI Response must be numbered.

6.2 VENDOR QUESTIONNAIRE

Please provide your answers to the stated questions related to the project. Additional information may supplement your answers and must be attached to the RFI response. See the Appendix for the questionnaire.

6.3 CONTACT INFORMATION

All communications concerning this Request for Information (RFI) are to be addressed in writing to the attention of: John McIntyre Purchasing Agent, State of Vermont, Purchasing and Contract Administration Division, 10 Baldwin St, Montpelier VT 05633. John McIntyre, Purchasing Agent is the sole contact for this RFI Response. Attempts by RFI Responders to contact any other party could result in the rejection of their RFI Response.

6.4 RFI RESPONSE SUBMISSION

CLOSING DATE: The closing date for the receipt of RFI Responses is **3:00 PM (EST), January 3, 2014**. Responses must be delivered To: John McIntyre, State of Vermont, Purchasing and Contracting Department, 10 Baldwin St, Montpelier, VT 05633 prior to that time. RFI Responses or unsolicited amendments submitted after that time will not be accepted and will be returned to the vendor.

The responses will be received by purchasing at 10 Baldwin St, Montpelier, VT 05633 and will be passed on to the Department of Corrections for review.

RFI responses must include one (1) electronic copy on Compact Disc (CD) and Three (3) Paper (hard copy) responses must also be submitted. Paper copies must be bound with a staple, binder or other appropriate means such that pages are not submitted loose. The electronic copy and the three (3) paper copies of the RFI responses must be delivered to the Purchasing Agent.

The electronic response made to the narrative portion of this RFI must be in Microsoft Word version 2007 compatible format.

6.5 EXPLANATION OF EVENTS

1. Issuance of RFI
This RFI is being issued by the Purchasing and Contracting Administration Division of the Buildings and General Services Department. Additional copies of the RFI can be obtained from the State Purchasing Division web site http://bgs.vermont.gov/purchasing/bids or directly from the State Purchasing Agent.

2. Deadline for Written Questions
Potential respondents may submit questions regarding this RFI. Questions must be submitted via e-mail, to the Purchasing Agent John McIntyre at john.mcintyre@state.vt.us and must be received **by 4:30 PM Eastern Time on December 6, 2013.**

3. Response to Written Questions

Responses to written questions received by the deadline will be posted on the State's web site http://bgs.vermont.gov/purchasing/bids by **December 13, 2013 at 4:30PM (EST).** Every effort will be made to have these available as soon after the question period ends, contingent on the number and complexity of the questions.

4. Submission of Responses
Three (3) paper copies of the RFI response and one (1) electronic copy on CD should be delivered to the Purchasing Agent no later than **3:00 PM Eastern Time on January 3, 2014**. Responses received after the due date and time may not be considered.

Responses should be labeled, "Response to RFI – Comprehensive Healthcare Services for Inmates in the State of Vermont"

5. Review and Evaluation of Responses
The review and evaluation of responses to the RFI will be performed by the Department of Corrections and their designees. **The evaluation process will take place the week of January 6, 2014**. During this time, the RFI Manager or other Department of Correction representatives may, at their option, initiate discussion with respondents for the purpose of clarifying aspects of their responses.

6. RFI Conference
There will be an RFI Conference held from **8:00am-1:00pm (EST) on Friday, January 17, 2014** in Williston, Vermont at The White Caps Office Complex located on Industrial Avenue to provide an opportunity for respondents to present their information and participate in a question and answer period. Respondents are not required to attend or participate in the RFI Conference, but it is recommended. In their written response**, due January 3, 2014**, **respondents should state whether or not they intend to make a presentation at the respondent's Conference**. Each respondent willing to make a presentation will be allotted 15 minutes to describe their organizations' ability to provide correctional health care services that are more integrated with community-based systems of care. After the presentation, panel members (consisting of the DOC and their designees) will ask questions related to the respondent's ability to deliver health care services in Vermont's correctional facilities. The Department of Corrections shall not be liable for any costs incurred by the respondent in preparation of its presentation. All costs occurred are the respondent's sole responsibility. All presentations are for planning purposes only and do not constitute a legal bid.

7. Key Dates – The key dates below are guidelines during the RFI process and are subject to change.
11/18/13 – RFI posted at http://bgs.vermont.gov/purchasing/bids
12/06/13 – Deadline to submit questions
12/13/13 – Last day for Purchasing to post responses to questions

01/03/14 – RFI Responses due to Purchasing
01/17/14 – RFI Conference OR in cases of inclement weather 01/31/14

7 ADDITIONAL MATERIALS

Please provide any other materials, suggestions, cost, and discussion you deem appropriate labeled as Attachment A, B, C and so on.

8 APPENDIX:

8.1: RFI QUESTIONNAIRE

General Questions

1. What issues would cause your organization to hesitate in responding to a subsequent RFP from the DOC for health care services?
2. What issues would need to be resolved before you respond to such an RFP?
3. Could community-based health providers collaborate with one another to provide a full range of medical and mental health care to the people held in custody in all DOC facilities across Vermont? If you feel this is possible what are the challenges? If you do not feel this is possible, please state why not.
4. Could a proprietary vendor collaborate with community providers to provide a wide range of services within the facility and the community?
5. What expertise do community-based health organizations bring to corrections that would allow them to compete with proprietary providers that work exclusively in correctional facilities? What are the obstacles?
6. What expertise might proprietary vendors offer that would allow them to compete with a community based health organization? What are the obstacles?
7. What challenges do health providers face in successfully adapting to the physical and organizational structure inside the DOC's facilities where a high priority is placed on safety, security, and order?
8. Briefly describe the culture and values that you think are most relevant to providing health services in the DOC?

Continuity of Care

The DOC's health service contractor should have the capacity to coordinate care between the community and custody for justice-involved individuals

1. Do you have a mechanism to efficiently enroll justice-involved individuals into Medicaid or Medicare immediately upon release from custody?
2. Does your organization have sufficient geographic scope to manage care for the justice-involved population housed within DOC facilities throughout the state?
3. Does your organization have eligibility to prescribe medications to the DOC population through the 340B Drug Pricing Program?
4. Does your organization have the following ability to:
   a. Hire existing and/or new staff?
   b. Manage a multi-disciplinary workforce including nurses, mid-levels, physicians, mental health and substance abuse clinicians, pharmacists, psychiatrists, dentists, and dental assistants?
   c. Access a multi-disciplinary workforce if needed to supplement correctional health care staff?
5. Describe your ability to coordinate and align diagnoses and treatment throughout the DOC system and among its facilities, particularly as related to mental health care.

6. Please describe three ways that care in the DOC facilities could be integrated with care in the community when people leave DOC custody? Briefly outline the manner in which your organization is experienced in this.
7. Describe the level of integration and communication either electronic or otherwise existing between your organization and various other providers in the state that would allow you to access important health information within 24-72 hours of an inmate's admission to a DOC facility.

Care Planning

DOC recognizes the need for electronic communications and data sharing in care planning and continuity of care. Therefore in light of this the future health services contractor should have the capacity to manage care and provider access via an EMR. Although it is possible that DOC might have its own EMR please answer the follow questions as if...). Preferably the contractor's system should have the ability to track and document hospitalizations and specialty visits regardless of custody status.

1. What previous experience should be expected of a future health care provider in the DOC? Should experience working with the justice-involved population be a requirement for bidders?
2. Describe how a team-based approach to care in the DOC's facilities could be developed to mirror the Blueprint for Health's Community Health Team model.
3. Describe your organization's internal processes for developing individualized plans of care for each patient. Describe how you think this is similar to or different from a corrections model?
4. Describe how the organization currently identifies individuals who have received incomplete or inconsistent care due to non-adherence. How are these patients engaged or re-engaged in treatment?
5. Describe your processes to ensure continuity of care as patients transfer between correctional and community-based systems of care.
6. What potential relevance could telemedicine provide in DOC facilities? Is your organization prepared to respond to questions on telemedicine capacity that are likely to be included in the RFP?
7. What other care planning considerations should the DOC consider incorporating into its health service model?

Staffing

The existing health service staff in the DOC's facilities will be essential for the continuity of operations under a future health service contract. The DOC would assume that a future vendor would employ many of the existing health service staff and apply their correctional health care experience and suggestions to benefit and support the future delivery model.

1. The DOC facilities are currently staffed by physicians, nurses, mental health professionals, APRNS, PAs, NPs, LNAs, dentists, clerical and administrators employed by a proprietary provider. Over the past 10 years, many of the existing staff have been employed by two previous proprietary providers and therefore have a great deal of correctional healthcare experience.
   a. How will community based providers be incorporated into the existing experienced staff?
   b. How will feedback and suggestions from existing health service staff be incorporated into the new health service delivery model?
2. By profession and specialty, describe how staffing levels are calculated in your organization to meet the needs of the patient population. Please include mental health and substance abuse providers.
3. How would you determine staffing level requirements as part of the future health service contract? Who would make these staffing determinations, the DOC, the new vendor, or both?

4. What is your capacity to recruit, interview, hire, retain, evaluate and supervise correctional health care staff (i.e. nurses, mid-levels, and physicians) and to ensure that these activities are performed in a timely manner?
5. The current health care staff may be receiving amplified compensation due to the nature of the work and difficulty in recruiting staff to work in DOC facilities. Do you envision this being a problem when considering pay for community-based providers? If so, how will you deal with this?
6. One of the limiting features of providing health care in DOC facilities is the often-restricted physical space for conducting examinations and interviews. How would you work around these limitations to optimize provider work flows?
7. What models can you imagine for organizing medical and MH staff that could improve team work and cooperation?

Capacity for Data Sharing (Health Information Technology, HIT)

1. What criteria should the DOC consider for selecting and implementing an EMR?
2. What are the potential benefits and challenges of the DOC owning an EMR versus using an EMR owned by a future health service vendor?
3. Would your organization be willing to work with VITL to develop an interface between the EMR owned by the DOC and the VHIE?
4. What is your organization's preferred EMR?
5. Would your organization or an affiliate be willing to implement one of their existing EMRs in the DOC?
6. Would your organization be able to integrate National Commission on Correctional Health Care (NCCHC) standards into its EMR? If not how would you capture the data necessary to demonstrate compliance with the standards necessary to achieve DOC's mandatory NCCHC accreditation?
7. Describe your preferred EMR's utility for collecting and tracking data related to DVHA/CMS and NCQA/Blueprint for Health reporting requirements.
8. Describe your preferred EMR's current capabilities to track admissions, discharges, and transfers between DOC facilities, FQHCs, hospitals, and DAs.
9. What is your organization's contingency plan if a fully interoperable VHIE is not achieved by Jan. 1, 2015?
10. Describe the capabilities (or potential for customization) of your organization's preferred EMR to collect, track, and share data related to physical, mental, and substance abuse treatment services.
11. Describe how the preferred EMR and its interface with the VHIE promote information sharing, quality assessment, and continuity of care processes.
12. Describe your organization's capabilities in achieving meaningful use Stage 1 and 2 and state their willingness and ability to support the DOC in fulfilling meaningful use requirements.

Procedures for Prior Authorization (PA), Quality Assurance (QA), and Utilization Management (UM)

***Prior Authorization** is the appropriate use of health care services. The goal of PA is to assure that the proposed health service is medically needed, that all appropriate, less expensive alternatives have been considered, and that the proposed service conforms to generally accepted practice parameters recognized by health care providers in the same or similar general specialty who typically treat or manage the diagnosis or condition. PA involves communication between the primary physician or surgeon, the payer, and the facility that will provide the authorized service.*

1. What system does your organization currently have for prior authorization?
2. Is this system applicable to a correctional health care model?

<u>Quality Assurance</u> is a set of procedures and activities designed to safeguard or improve the quality of medical care by assessing the quality of care or service, usually against a set of established standards, and taking action to improve it. Opportunities to improve care and service are found by continual examination, feedback, and education about the way in which services are provided.

1. Health care in jails and prisons is monitored by the National Commission on Correctional Health Care (NCCHC). The DOC facilities in Vermont have been accredited by the NCCHC. Are you familiar with NCCHC standards and the accreditation process?
2. Identify areas where NCCHC standards may conflict with CMS/DVHA or NCQA/Blueprint for Health PA, QA, UM standards.
3. Do you anticipate challenges utilizing quality assessment and quality improvement strategies in a correctional setting?
4. Can DVHA/CMS and NCQA/Blueprint quality outcome measures be used in the DOC to achieve greater alignment with community-based health care systems?
5. In a 2011 article in the Journal of Correctional Health Care, the RAND Corporation developed clinical indicators for health care QA specific to incarcerated populations.[1] Does your organization have the capacity to collect and monitor data related to the prison-based health care indicators as defined by the RAND Corporation?
6. How will your organization align the prison-based health care QA with the requirements of CMS/DVHA (if needed)?
7. What is the capacity of your organization to monitor and remediate health care delivery to maintain full NCCHC accreditation across 8 facilities?

<u>Utilization Management</u> is the set of organizational functions and related policies, procedures, criteria, standards, protocols, and measures used to ensure that services are appropriate for an individual patient and are meeting quality and cost expectations.

1. What system does your organization currently have for utilization management?
2. Is this system applicable to a correctional health care model?

General Questions Related to PA, QA, and UM

1. What administrative structure would be needed to supervise PA, QA, and UM processes through a health services contract with the DOC?
2. Would your organization's current Quality Oversight and Utilization Review Committee have the capacity or knowledge to review the DOC's patient cases?

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[1] Teleki, S.S., Damberg, C.L., Shaw, R., Hiatt, L., Williams, Brie, Hill, T.E., & Asch, S.M. (2011). The current state of quality or care measurement in the California Department of Corrections and Rehabilitation. Journal of Correctional Health Care, 17(2), 100-121.

Data Collection and Metrics

Metrics are quantifiable process and outcome measures that can be collected and monitored.

1. What EMR capacity would be needed to collect and generate automated reports on the wide array of data required by the DOC (for example, demographics, chronic disease, utilization review reports, caseloads for mental health, etc.)?
2. Could all of this data be tracked digitally? Does some of this data require manual processes?

3. How could the primary source data be validated?
4. Could the DOC track medical outcomes for incarcerated and post released population who are often highly transient? If so, please describe the process.
5. Describe how your organization uses metrics for the purposes of continuous quality improvement (CQI).
6. What metrics and quality measures would be most applicable to a correctional population? Identify any that you track in your organization.

Governance

Governance refers to the orderly diffusion of policies and procedures throughout an organization for consistent implementation.

1. Describe how communication regarding standards, enforcement, and accountability would ideally occur between your organization, affiliates, correctional health service staff, and the DOC Health Services Division.
2. How could the DOC most effectively monitor health care services provided by community-based providers?
3. Do you feel that governance issues need to be addressed in advance with the DOC? If so, please name which three issues are the most important.
4. Could policies and guidelines for patient care from a community-based provider apply in a correctional setting? Do you think there are differences? If so what are they?
5. Does the DOC need to provide training and guidance under a contract with community-based providers or under a contract with providers in a proprietary system to achieve the goals of the DOC, the state, and health care reform initiatives? If so, name the top three areas of training and guidance that would be needed.
6. Provide an organizational chart showing the levels of hierarchy within your organization.

Finance

A potential contractor's financial resources and ability to meet its long-term and short-term financial obligations could impact its ability to deliver on the DOC's health services contract and to achieve the goals of the DOC and the state.

1. What measures of solvency should the DOC use when evaluating the financial stability of a future health services contractor?
2. Does your organization have experience operating within a capitated or pay-for-performance financing structure? Should this experience be a requirement for a future vendor?
3. What level of general and professional liability should the future health service contractor extend to correctional health service staff?
4. Has your organization seen that accreditations can be helpful in providing protection from malpractice claims? If so, please explain.
5. What legal services should be available to the organization in the event of malpractice litigation?
6. Would the following information <u>be suitable to request in an RFP</u>?
    a) Describe how the organization as a whole would support an affiliate that was experiencing financial hardship.
    b) Submit detailed five-year (or three year, or one year?) income statements, balance sheets, statements of cash flow, or information from the GMCB supporting the solvency of the organization.
    c) Calculate your organization's solvency ratio, current ratio, and quick ratio for the organization (or its affiliates). Provide a brief analysis of each result as an indicator of the organization's solvency.
    d) Indicate the level of general and professional liability currently carried by the organization or its affiliates.

e) Specify capital investments that could be made to reduce recidivism and improve health outcomes for justice-involved individuals.

7. What administrative support system do you have (or would be required) to provide detailed financial and operational reporting on a monthly basis? Reporting could include detailed actual vs. budgeted financials (both consolidated and by facility), on-site and off-site expenditure reporting and reconciliation, detailed shift staffing reports with supporting payroll documentation, ad hoc reports, etc.
8. Should the DOC health services contract require an annual audit by an independent accounting firm to verify the reliability of the financial data received? If not, what internal mechanisms could be developed to provide this function?